

Special  
10/009939  
Multiple Dependent Claim  
Fee Calculation Sheet  
(For Use with Form PTO-1360 (3-78))

SEARCH NO. 10/009939 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15	1					
16		1				
17						
18						
19		4				
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21		4				
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49						
50						
<b>TOTAL IND.</b>			2			
<b>TOTAL DEP.</b>			14			
<b>TOTAL CLAIMS</b>			2			

*	IND.	DEP.	*	IND.	DEP.	*
51						
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99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						